

☒ Check if this is an amended filing

Debtor 1

Calvin Scott

Case number (if known)

24-31493-7

First Name

Middle Name

Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 ☒ Yes

7. What kind of debt do you have?

☐ Your debts are primarily consumer debts. *Consumer debts* are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

	Total claim
From Part 4 on <i>Schedule E/F</i> , copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$
9g. Total. Add lines 9a through 9f.	\$

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	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→ 4.	\$ 9,778.28	\$	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,062.95	\$	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$	
5d. Required repayments of retirement fund loans	5d. \$ 792.05	\$	
5e. Insurance	5e. \$ 408.09	\$	
5f. Domestic support obligations	5f. \$ 0.00	\$	
5g. Union dues	5g. \$ 0.00	\$	
5h. Other deductions. Specify: HSA	5h. + \$ 125.00	+ \$	
AD&D	\$ 20.00	\$	
Other Post-Tax Deductions ID Protection. Grp Accident. Grp	\$ 194.87	\$	
STD	\$ 64.70	\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6. \$ 3,667.65	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 6,110.63	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1,266.00	\$	
8b. Interest and dividends	8b. \$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$	
8d. Unemployment compensation	8d. \$ 0.00	\$	
8e. Social Security	8e. \$ 0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$	
8g. Pension or retirement income	8g. \$ 0.00	\$	
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$ 1,266.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,376.63 +	\$ = \$ 7,376.63	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies			12. \$ 7,376.63 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 106I

1. Describe Employment:

Debtor: Calvin Christopher Scott

Occupation: Contract work for Church.

Name of Employer: Brea Baptist Church

Employer's Address: 6901 Forest Hill Drive, Fort Worth, TX 76140

Length of Employment:

Fill in this information to identify your case:

Debtor 1	Calvin Christopher Scott		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Texas (State)			
Case number (If known)	24-31493-7		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:
- MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Son	10	<input type="checkbox"/> No
				<input checked="" type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,200.00

If not included in line 4:

4a. Real estate taxes	4a. \$ 0.00
4b. Property, homeowner's, or renter's insurance	4b. \$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$ 0.00
4d. Homeowner's association or condominium dues	4d. \$ 0.00

Debtor 1 Calvin Christopher Scott
First Name Middle Name Last Name

Case number (if known) 24-31493-7

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ 0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ 250.00
6b.	Water, sewer, garbage collection	\$ 0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ 230.00
6d.	Other. Specify: _____	\$ 0.00
7.	Food and housekeeping supplies	\$ 600.00
8.	Childcare and children's education costs	\$ 0.00
9.	Clothing, laundry, and dry cleaning	\$ 155.00
10.	Personal care products and services	\$ 110.00
11.	Medical and dental expenses	\$ 35.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ 1,060.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ 50.00
14.	Charitable contributions and religious donations	\$ 300.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ 62.78
15b.	Health insurance	\$ 0.00
15c.	Vehicle insurance	\$ 265.00
15d.	Other insurance. Specify: _____	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ 0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ 1,465.00
17b.	Car payments for Vehicle 2	\$ 0.00
17c.	Other. Specify: _____	\$ 0.00
17d.	Other. Specify: _____	\$ 0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	\$ 588.33
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ 0.00
20b.	Real estate taxes	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	\$ 0.00
20e.	Homeowner's association or condominium dues	\$ 0.00

Debtor 1

Calvin Christopher Scott

First NameMiddle NameLast Name

Case number (if known)24-31493-7

21. Other. Specify: Storage Unit

21. +\$350.00

+\$

+\$

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$6,721.11

22b. \$

22c. \$6,721.11

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.

23a. \$7,376.63

23b. -\$6,721.11

23c. \$655.52

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Child support expenses: Debtor pays car insurance for Kentrice Pace (son's mother) for the benefit of Debtor's dependent son in lieu of court ordered child support. This includes vacations, school uniforms, lunches, and or educational supplies or Tuition. School tuition as of 8/1/2024 is no longer being paid.

Fill in this information to identify your case:

Debtor 1 Calvin Christopher Scott
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Texas

Case number 24-31493-7
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Calvin Christopher Scott
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 10/03/2024
MM / DD / YYYY

Date _____
MM / DD / YYYY